

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996 7/30/96-0-7492	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 737569 (4) 1. Corporation Name CHURCH OF THE INCARNATION, INC.	



Principal Place of Business 1835 N.W. 54TH ST. MIAMI FL 33142	Mailing Address P.O. BOX 420050 MIAMI FL 33142
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/17/1976	3a. Date of Last Report 07/03/1995
4. FEI Number 59-1350900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAJOR, J. KENNETH 1835 N.W. 54TH ST. MIAMI FL	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, LOUISE S	1.2 NAME	
STREET ADDRESS	20760 N.W. 7TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, KATHLEEN D	2.2 NAME	
STREET ADDRESS	1490 N.E. 118TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, ALSTENE L.	3.2 NAME	POWELL, SANDRA
STREET ADDRESS	315 N.W. 131ST STREET	3.3 STREET ADDRESS	1655 N.E. 115th Street #208
CITY-ST-ZIP	MIAMI FL 33168	3.4 CITY-ST-ZIP	N. Miami, FL 33181
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, WHITTINGTON B.	4.2 NAME	
STREET ADDRESS	11021 SW 117TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL, 33176
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIDGES, EDWARD	5.2 NAME	PASCHAL, FLETCHER A.
STREET ADDRESS	275 N.W. 44TH STREET	5.3 STREET ADDRESS	2975 N.W. 52nd Street
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL, 33142
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, FRANK G	6.2 NAME	
STREET ADDRESS	1800 N.W. 121ST STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen D. Walker Date: July 20, 1996
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 305-858-9524

CR2E037 (3/96)